UNDER THE WEATHER: FARMWORKER HEALTH

A COMPENDIUM OF FARMWORKER TESTIMONY BEFORE THE NATIONAL ADVISORY COUNCIL ON MIGRANT HEALTH

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UNDER THE WEATHER: FARMWORKER HEALTH

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A Compendium of Farmworker Testimony Before the National Advisory Council on Migrant Health

Fort Lupton, Colorado—September 7, 1991
San Diego, California—April 4, 1992
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ABOUT THE NATIONAL ADVISORY COUNCIL ON MIGRANT HEALTH

The National Advisory Council on Migrant Health is Congressionally mandated to make annual recommendations to the Secretary of Health and Human Services regarding the health and health care needs of migrant and seasonal farmworkers in the United States. This Council is comprised largely of farmworker members who also serve as governing board members of local federally-funded migrant health care programs. As such, this Council offers a practical knowledge about the health and health care of farmworkers which is vital to the development and implementation of effective federal farmworker health policy. Toward this end, the Council works closely with the Department of Health and Human Services' Migrant Health Branch.

The Council holds public meetings three times each year. Input to Council recommendations is regularly solicited from migrant health programs, various federal and non-governmental agencies, farmworkers, and any other interested parties. The farmworker input process has been institutionalized in the form of public hearings held as part of Council meetings. These hearings share in a long-standing tradition of farmworker hearings sponsored by various federal agencies and committees to discern the conditions of farmworkers' lives. To date, the Council has held hearings in Fort Lupton, Colorado, in San Diego, California, and in Portland, Oregon. In November 1993, the Council will hold its first east coast hearing in West Palm Beach, Florida.

For a copy of the Council's 1993 recommendations or for more information, contact the National Advisory Council on Migrant Health in care of the Migrant Health Branch, DCMH/BPHC, Parklawn Bldg., Room 7A-55, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-1153.

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"Under the weather: Sick or indisposed. That's how one is likely to feel if one is more or less exposed in bad weather..."

from *Dictionary of Cliches* by James Rogers
(New York: Facts on File Publications, 1985)

INTRODUCTION

Under the Weather offers a unique perspective into the health of farmworkers living and working in the United States. It is unique in that its messages are conveyed largely through the words of farmworkers themselves: current and former, migrant and seasonal, young and old, female and male. These farmworker statements are among those presented at three hearings held before the National Advisory Council on Migrant Health between September 1991 and October 1992. The hearings, held in Colorado, California, and Oregon, were organized for the express purpose of eliciting testimony from farmworkers about their health and health care needs. Information gathered in the course of the hearings was used in the development of the Council's 1992 and 1993 recommendations to the Secretary of Health and Human Services.

While the hearings included testimony from many concerned and involved non-farmworkers, (including representatives of health centers, social service agencies, and religious organizations), several hours at each hearing were reserved specifically for farmworker testimony. More than 40 farmworkers offered testimony over the course of the three hearings. Their moving and informative presentations were angry, sad, hopeful, intelligent, provocative, tired, poetic, and urgent. For the most part, the hearings were conducted in Spanish, with English translation through headphones available for non-Spanish speakers.

A close reading of the hearing transcriptions revealed a notable consistency in the substantive issues raised by farmworkers. This consistency is remarkable in light of the fact that many farmworkers travel inter-state, work several jobs, and establish homes in multiple communities. The similarities of their experiences in spite of such varied contexts suggest both the breadth and depth of the issues.

Under the Weather was designed to document and share these farmworker accounts. The six issues presented herein were raised often and at each hearing. These issues are: health and health care, work conditions, pesticide exposure, housing, women, and children and youth. Health and health care are deeply influenced by the nature of agricultural work. Thus work conditions, pesticide exposure, and housing are important health concerns. Although appropriately considered to be a work condition, the issue of pesticide exposure was raised sufficiently often to warrant separate attention. Lastly, a pattern of particular concerns related to women

and to children and youth constituted two significant hearing themes.

Each section of *Under the Weather* presents selected excerpts of ***farmworker presentations***. All testimonies are those of either current or former farmworkers. Words of more than half of the farmworkers who testified before the Council appear herein. Limited editing has been done for reading comprehension. For clarity, Council member questions to witnesses appear occasionally in the text. The testimonies in each section are accompanied by a brief editor's commentary which summarizes additional related testimony and makes observations about the continuities and differences present across the three hearings. Finally, a selected resource list offers suggestions for further information to interested readers.

Much appreciation is offered to all the farmworkers who took their valuable time and energy to openly share about their lives at the hearings. These persons are the real authors—the real authorities—of *Under the Weather*.

HEALTH AND HEALTH CARE

HEALTH AND HEALTH CARE

Injuries, eye problems, and skin rashes were the physical ailments most commonly mentioned by farmworkers in the course of the three hearings. Mental health concerns, such as shame and feelings of inferiority, were described as the psychological and emotional toll of poverty, the lack of job security and of political voice.

Considering the entire scope of testimony, relatively little attention was paid to individual health problems. This is particularly notable given the relatively poor health status of farmworkers and the health focus of these hearings. Rather more attention was paid to the fundamental economic, occupational, environmental, social, and political conditions which create much of their poor health. In this spirit, farmworkers addressed the quality, accessibility, and cost of health care services.

My eyes are burning a whole lot, but there is not an eye doctor (at the clinic). I'm not the only one that has problems with my eyes. There are a lot of people that do.

Teresa Orosco, Board Member, La Clínica del Cariño, Hood River, Oregon

Going out into the migrant camps, one of the migrant workers said, "We expect for one of us to die." I thought, "Why do you expect that to happen?" They shouldn't have this mentality when they go traveling state to state—that it's a part of life.

Irma de Anda, Health Promoter, La Clínica del Cariño, Hood River, Oregon and Representative to the 1991 Farmworker Women's Health Conference, San Antonio, Texas

When the boss leaves, we go home and we look in the mirror and we say to ourselves, excuse the expression, "We are so stupid to let this abuse occur."

Antonio Gutierrez, California

They [farmworkers] have a lot of burning in their eyes. They have skin rashes. And they deal with them or live with them until the work is over. But we haven't definitely learned why these people suffer from those things. We think it's because of the spray, but we're not really sure of that.

Estevan Sanchez, Board Member, La Clínica del Cariño, Hood River, Oregon

There is a way that these people can feel inferior because they're not able to receive these services.

Jorge Miranda, Board Member, Virginia Garcia Memorial Health Center, Cornelius, Oregon

Health care programs, in particular federally-funded migrant health centers, were both praised and criticized. Many witnesses were patients at these centers, and a significant number of these patients were also center governing board members. Most expressed gratitude for the existence of these centers. Some criticized migrant health centers for having insufficient bilingual staff, limited clinic hours, and deficient transportation and outreach services. Many argued for increased appropriations to enable the centers to expand current services into specialty care, dental health, mental health, pharmacy services, transportation, and outreach.

Right now I am participating in the [clinic] board of directors... in which we are realizing that we need more income to be able to realize all the care that is needed in the clinic. ... There are things that are lacking because there are not enough staff. This is one of the priorities that the clinic has. There are occasions that [patients] have to be there from 10:00 or 11:00 in the morning until later on in the afternoon waiting for an appointment because there is not enough staff. And they don't put more staff on because their budget does not allow them.

Jorge Miranda, Board Member, Virginia Garcia Memorial Health Center, Cornelius, Oregon

One of the problems that I also see is that there are not enough doctors. The Hispanic doctor or bilingual doctor won't stay for very long in one place. And that also affects a lot of the people like me. I'm diabetic and we need one doctor. Suddenly the doctor says, "I'm leaving" and then ... it's hard for a person to go start again with another doctor. That's another problem that I see that exists. It is very difficult to find doctors, Hispanic doctors or doctors that speak English and Spanish.

Aurora Salazar, Board Member, Sea Mar Community Health Center - Skagit, Mount Vernon, Washington

What we have to do is reeducate our people and let them know that we have many rights to live and to work and to educate and to have health care. And without health care, we cannot have the other three.

Unidentified Male Farmworker, California

They give good services at our clinic, but I would also like to get a little bit more help because there are many of us who need the help. A few of us go to the clinic and some others self-medicate themselves; they go buy m edicines because they don't have enough money [to go to the clinic]. They don't have the [Medicaid] card. They go to Mexicali to buy medicines because they don't have enough [money and] because they don't have the medical card.

Teresa Sandoval, California

WORK CONDITIONS

WORK CONDITIONS

Farmworkers testified to a myriad of problematic labor conditions. Questionable farmer and farm labor contractor payment practices related to deductions, record-keeping, and the minimum wage; the lack of benefits; the lack of enforcement of field sanitation and other health and safety regulations; and work speed-ups and slow-downs were described at length in the hearings. Low wages were repeatedly named as the source of many farmworker struggles.

Nowhere did the effects of the history of farmworker labor organizing emerge so clearly as in California. Several California witnesses were currently and/or had been involved in the United Farm Workers union, and spoke

We're used to working. We don't want to be given things. We just want to be respected and to be paid the salaries.

Teresa Sandoval, California

We work in the field. Do you think that it's fair? Water that is taken to us is sometimes not even from the faucet and it's sometimes from the canals. There's no telling if it's from one of the canals. Sometimes they take us a can of soda and all of the members of the group drink from that same can of soda. That is very unhealthy. Or the bathrooms... sometimes the field is half a mile long, we're getting to the end, and you need to go to the bathroom. They move them from there when we get to the end of the field. What they do is take the toilets, turn them around, and move them away from there so if you want to go to the bathroom, you have to go and do it out there by one of the canals. That is not healthy.

Teresa Sandoval, California

As a result of the hurriedness, I have never seen so many accidents.

Arturo Espinoza, Migrant Health Center Board Member

They [farmworkers] don't demand to go to the doctor [for medical treatment after injuries] nor do they file any complaints. They feel that if they do not come back to work the next day, they will lose their job. The foremen do not help because they do not want people that will not produce for them. They look at us as if we're just a beast of burden.

Teresa Velez, Migrant Health Center Board Member

strongly about the benefits of working under a union contract. Farmworkers in each state affirmed the need for action to change their working conditions, demonstrating that they are not passive victims of their circumstances but are also active agents working for social change.

Question: Has there been any attempt to form workers to organize again and form a new union?
Yes, it does exist. The ranchers control the government, so that in turn, the government will not allow the union to organize. When we worked on contract were the happy years.

They used to bring us water; they used to bring us towels to wash our hands. We had closed porta-potties. They wouldn't allow the men to bring or drink alcohol. But now that there is no union, they bring the beer to the men, to the fields. It doesn't matter whether they cut their fingers, whether they cut their arms, whether they fall. But when the union was around, they wouldn't allow this. It was a sin for a man to drink a beer out on the fields.

Teresa Sandoval, California

Right now, because I'm here today, I may not have my job. Possibly I may not have my job tomorrow.

José Montes, California

[In relation to the 30th-year anniversary celebration of the federally-funded Migrant Health Branch] I think that we are celebrating 30 years, not of hope, but 30 years of embarrassment because in the 30 years, the federal government and the state government have failed us in protecting the farmworkers in all areas, but particularly in health, by making sure that our providers have to work twice as much in order to maintain, more or less, the health of our farmworkers.

Margarita Ordonez, Board Member, Northern Sacramento Valley Rural Health Project - Richland, Yuba City, California

Urgently we need that what we are talking about here not just be an empty word, that there be action. That something be done, that all of you, unanimously and united, respect our feelings and the things we came to tell you, such as the thing that's happening with these two young ladies. She became blind because of the chemicals, and the other one is studying. To me, going to school is something very sacred. It is the future of our people. Because if there is no study then there's going to be confusion and pressures and hurriedness of work, and poverty will breed many, many problems. I hope that you would all consider that in order to respect all of our wishes. We have in our minds that you respect us.

Arturo Espinoza, Board Member, El Progreso del Desierto, Inc., Coachella, California

PESTICIDE EXPOSURE

PESTICIDE EXPOSURE

Pesticide exposure from "spray" was mentioned at each hearing, and with particular force in the Oregon and California hearings. A young California woman related her lengthy personal story of being blinded by pesticide spray while working in the field, receiving no help from her employer and insufficient help from her local health care facility, and eventually going to Mexico to receive the necessary surgery to restore her sight. Farmworkers expressed concern not only about the immediate effects of acute exposure, but also about the unknown chronic effects of long-term exposure. Night spraying to avoid detection, failure to post precautions or inadequate posting, and premature field entry were regular experiences of these witnesses.

Last Friday we came into a field to work and it was still wet with chemicals. We asked the foreman what kind of chemicals were used and he says, "Yes, I will find out." But he never comes back with the information.

Teresa Velez, Board Member, El Progreso del Desierto, Inc., Coachella, California

Next we have the most dangerous, the chemicals. Everything else we can change, but the chemicals we cannot change. They are expanding. They are in the oxygen. It would take 20 years I think to make it go away, go very far away from our world because they are here, and they are beating us in our lungs.

Arturo Espinoza, Board Member, El Progreso del Desierto, Inc., Coachella, California

The pesticides we live in day and night. That's why you see us all with glasses. We do not escape the pesticides. The young lady that gave an earlier testimony said she was blinded. I was also blinded, not from being out in the fields, but from working in the packing shed, from a cloud of a cancer-causing agent...

You go to the fields and you think that it's a foggy day because it's so pretty and it's white, but it's actually the chemicals that have been sprayed.

Adelaide Romero, California

We have seen that the farmers don't take the measures that should be taken as far as the spraying. They spray in one field, and they will bring it right next to us to work.

So it's not very far away from the spray. So they will need to wait. And a lot of times they would have to wait four or five days so that the strength of the spray [diminishes]. Other times they don't wait that long because they need to do the work. And so they decide to have the people go to work as it is.

Estevan Sanchez, Board Member, La Clínica del Cariño, Hood River, Oregon

The chemicals are affecting the community a lot and there are no studies that have been done over a long period of time. If one is sick or they have their face swollen or red eyes or vomiting or full of rash or bumps, well, they give them some medicine. Long-term studies need to be done. I've worked with chemicals. They produce long-term allergies, and they cause coughs or colds that last two or three years. You can't eat any foods because some foods will cause you to break out or to be swollen because of the chemicals. When I go to places where they have used chemicals, right away I break out. So I have been contaminated.

Ezequel Morfín, Board Member, Yakima Valley Farmworkers Clinic, Inc., Toppenish, Washington

I don't know how many of you know the fields where the [farm-worker] cabins are inside or within the fields. The signs—in my opinion, the only thing that it can be useful for is to protect the boss, not the workers, because the workers are inside the orchard; the sign is on the edge. If there were to be a legal question, the boss could say, "Well, I had the warning. I don't know how this could have happened."

Maria Antonio Sanchez, Oregon

Pesticides presently occupy us tremendously during our work. We wear rubber gloves and that in itself creates a problem because it takes flesh, pieces of flesh from our hands.

Guadalupe Cuadras, California

The women who are coming out pregnant are afraid to go to the doctor because they have ingested so many chemicals.

Adelaide Romero, California

HOUSING

HOUSING

The need for affordable housing which meets some minimal standard was likely the most prominent issue of the hearings. In addition to living in relatively expensive and dilapidated houses, cabins, and labor camps, farmworkers recounted living in garages, cars, caves, boxes, ditch banks, tents, and chicken coops; under trees, bridges, and tarps; in orchards, parks, fields, yards, streets; and next to highways and railroad tracks. The housing problem is described as one of both quantity and quality: Insufficient temporary housing is available for the agricultural labor force, and much of what is available is woefully sub-standard.

This inadequate housing situation combined with the lack of job security puts farmworkers in a double bind. Without a job, housing is unaffordable. Without housing, a job is very difficult to get and maintain.

I suffered much to arrive here with seven children and my problem was housing. A man offered me work. In Texas the first question they ask is do you have work, and the second is do you have housing. If you don't have a place to live then we can't work with him. ... My slogan is, there must be a way to build houses. I believe we have the right to live in a decent way. We are the labor force. It's like we are foreigners—I am a U.S. citizen. Farmworkers come here with hope, but go home worse off then before.

Unidentified Male Farmworker, Colorado

We have no coolers in the summer and no heaters in the winter. Temperatures range up to 100 degrees in the summer and 30 degrees in the winter. We work out in the open for 12 or more hours and after working there for more than 12 hours, we have no place to rest. This creates a tremendous amount of frustration, not being able to provide the children with the minimum of comfort.

Margarita Ordonez, Board Member, Northern Sacramento Valley Rural Health Project - Richland, Yuba City, California

Now there are a lot of people who are making a living in the same way but are unable to find adequate housing, consequently having to live under the trees. What's even worse, the foremen even charged them for sleeping under the trees.

Teresa Velez, Board Member, El Progreso del Desierto, Inc., Coachella, California

A man that had five children came from the state of California to work in the state of Washington, and he doesn't have anywhere to sleep. He made a little tent in the back to sleep there with his children, and the policeman came and told him he couldn't do that. So that man was just going from here and there because he didn't know anywhere he could stay until one of the workers obtained for him lodging in a shelter. But I think that is sad.

Aurora Salazar, Board Member, Sea Mar Community Health Center - Skagit, Mount Vernon, Washington

Since we arrived we went to live with one farmer and he rented a cabin to us. We're not going to speak bad of that man that allowed us to have the cabin, but we don't have water to drink, there is not bathrooms to take baths, and we have four children.

Martin Orosco, Oregon

Housing is sometimes tied to a particular job. As these witnesses testify, this blurring of work life and home life puts farmworkers at risk in various ways. Employees are hesitant to complain about inadequate housing conditions for fear of losing their jobs. If the available housing is located in the fields, home offers little respite from the unhealthy and dangerous conditions of the work environment. When housing is tied to a job and the job is complete, farmworkers become simultaneously unemployed and homeless.

He did us a favor to rent us that house. But he didn't have to rent it out. We were sleeping in the car for about 15 days, my husband and myself and our four children. They had to sleep in the trunk. We were sleeping in the garden for about eight days outside, or at the edge of the garden, and then we went to some cabins that really are pretty bad. But they kicked us out of there because they didn't want us to park the car there.

So that housing that the man rented to us because we asked him please, it's really little. But we saw that it was little. We knew that it was little. And we didn't have a bathroom to take a bath in, and we accepted it because he did the favor for us. And so the man is not the guilty one, because he does the favor for us.

Teresa Orosco, Board Member, Board Member, La Clínica del Cariño, Hood River, Oregon

There are families who have their problems, but they also live four or five families in one place. A lot of times between families there are a lot of problems. Conflicts can arise. It's not just one family, but a conflict between all of them. It's because of the poverty that we're living in. We're talking about the lack of houses.

Ezequel Morfín, Board Member, Yakima Valley Farmworkers Clinic, Inc., Toppenish, Washington

I have seen people that work in the fields stay wherever, outside on the edge of their fields, and in their cars and vans. And we have the whole family, they come in their vans and they stay there. Those people just ask for permission to take a bath in some cabin or some field, to be able to take a bath or drink some water and that's all. And that's the way they spend their lives.

Estevan Sanchez, Board Member, La Clínica del Cariño, Hood River, Oregon

Sometimes I give them refuge in my home. I give them two or three days somewhere where they can live. But it's very hard because sometimes the boss goes around and says, "Hey, you got a lot of visitors here. You have a party here? What's going on? I say, "No, these are my friends."

Herman Contreras, Oregon

WOMEN

WOMEN

The particular difficulties of agricultural work for women, especially for child-bearing and child-rearing women, constituted a notable theme throughout the hearings. Women related concerns that physical labor and pesticide exposure cause miscarriages and birth defects. Incidents of gender discrimination at work and sexual violence, including sexual harassment and rape, were also revealed.

The testimony disclosed that obstetrical care, family planning services, and standard women's preventive health services are unavailable to many farmworker women, especially if they are of undocumented immigration status. Mental health services are likewise scarce.

Several female witnesses were working as health promoters or

What happens when a woman comes from Mexico and comes here to a new country? There's a culture shock; we forget about that culture shock. For women, all of a sudden it's facing a new language, housing problems, not enough food. I don't know where to go. So what happens? She becomes depressed. She doesn't take care of herself. All of a sudden she starts imagining she's hurting, and she is hurting. ... Therefore, I go to the clinic and say my head is hurting and the doctors tries to find out what's wrong with you, and there's nothing wrong with you and they send her home. That woman says, "Oh that doctor wasn't no good; he told me I wasn't hurting but my head is hurting." What she needs is mental help, she needs somebody to talk to. ... We need programs where we are reaching out to women specifically, not just when they come into the clinic. We need to get them more involved. If they start feeling they are worthy in their community then it's going to flow out. It's going to flow out the second they get involved...

It is so true; you educate a woman and you educate the family, because it's the woman who gets behind the children and starts pushing saying, come on, go to school...

Along with that goes sexual harassment which I heard happens from the crew members.

Irma de Anda, Health Promoter, La Clínica del Cariño, Hood River, Oregon and Representative to the 1991 Farmworker Women's Health Conference, San Antonio, Texas

volunteer community outreach workers in efforts to extend community services to farmworker women and to educate women.

Another thing I would like to mention is the way we are treated as women. As women we are discriminated with our co-workers because they see us as insignificant beings. The men think that they are superior. Not that I have come here to talk about them...

Now I have been working only in little vineyards. I know the entire process of the vineyard from digging and putting [in] the plants, even to the point of harvesting. I have a lot of experience. However they would not allow [women] to do a lot of this work because according to them, we couldn't do it, or it was not our job. We asked for an opportunity to let us do this work, to do the entire process. And then later after many battles, they gave us this opportunity.

Maria Serrano, Member, Mujeres Mexicanas, California

I'm dealing right now with Hispanic women, migrant workers, who do not have any access to prenatal care, none whatsoever. What I'm doing is creative financing, a lot of begging, a lot of pleading, a lot of being nice to people I don't even want to be nice to because it means that much to me for them to get help. So I find myself in situations that are sometimes uncomfortable, but nonetheless I do it because I feel that as a nurse that's my job. Having been a farmworker myself, I would want someone to do that for my mother, and they did.

Unidentified Female Nurse, Idaho Falls, Idaho

Question: As a health promoter, what do you do for the field workers?
Well, we receive training about physical health and mental health, and we try to help the people. Women that don't have jobs and they stay home the whole day in their home taking care of their children, go there for companionship and offer support groups to be able to get them out of their homes a little bit and share a class about nutrition, about women's dignity, [and] how to discipline their children.

Isabel Mexicano, Health Promoter, La Clínica del Cariño, Hood River, Oregon

CHILDREN AND YOUTH

CHILDREN AND YOUTH

The hearings portrayed the deep investment and strong hopes that farmworkers have for their children. Each of the major issues raised in the hearings was also expressed in light of concerns for children and youth. Health care services—in particular, dental health services and drug and alcohol prevention and rehabilitation services—were mentioned as lacking for children and youth. Work conditions, especially pesticide exposure, and the reality that children need to work for the family's economic survival, were lamented by parents. The inadequacy of housing created significant concern in parents on behalf of their children. Additionally, witnesses explained the need for farmworker-sensitive child care programs and schools. Said one mother, "Our kids are growing up and we need to educate them... We need them and they are our future."

Another thing that I've seen is a lot of us migrant kids don't really get help in school... If you get there and you don't know it, they assume you're dumb so they put you in a lower class. And it is not right because a lot of these kids ... are really smart. They just need the help; it's all it is. During the summer months, kids get to go to camp. They get to go to summer school and we can't. We have to be out in the fields working or, for example, last year I ... went to Washington, D.C. and learned a lot about the government and the branches, and right after I came back I had to leave. I had to go work because if I didn't work, then I wasn't going to have any school clothes. And that was really difficult for me because I would love to spend my summer like other kids, swimming or doing something fun and it's not possible for us... I'd like to go to a university and major in pre-med. I'd like to be a doctor. I don't want to see myself working out in the fields all my life and I don't want to do it. Hopefully, by helping us migrant kids and our parents, which are also migrants, we can see more of us succeed in the future. We can ... show people we're just as smart, we just need a little bit more help.

Veronica Barboza, High School Junior, California

Question: How many children do you have?
Five.

Question: How old were they when they went to work?
You know how poverty is, they have to start very young.

Question: What about school for the children?
We leave Texas around May 10 and return October 15. Children miss a little bit of school.

Pablo Garza, Colorado

They [women] also need child care. What happens with the children? Go out to the fields. They lay under the trees and there is a residue falling on the children. They are picking grapes, what happens? The sprayers are there with the residue falling on the children. They also had newspaper clippings where the machine was coming along and the baby was sucked into the machine. It happens.

Irma de Anda, Health Promoter, La Clínica del Cariño, Hood River, Oregon
and Representative to the 1991 Farmworker Women's Health Conference, San Antonio, Texas

Question: Who takes care of your children when you're both working?
When we harvest the cherries, we had to take them with us. In the garden they wouldn't let us in, but right now they're going to school.
Teresa Orosco, Board Member, La Clínica del Carino, Hood River, Oregon

Mothers have to pay an exorbitant amount in order to leave their children in the child care with people that they don't even know.
Maria Serrano, Member, Mujeres Mexicanas, California

That brings an idea that I have. In each job it would be very good to have a child care center/kindergarten or child care center.
Jorge Miranda, Board Member, Virginia Garcia Memorial Health Center, Cornelius, Oregon

Our children are the ones at risk, because girls that are 12 years old are being raped while we are leaving them unattended, while we are out working. Not only the young girls, but also the young boys.
Anna Solís, California

But what can we do when a mother and a father have to work because the salary of the head of household is so small that there isn't anyone at home to guide our children? I ask those of you who represent us, touch your heart...
Margarita Ordonez, Board Member, Northern Sacramento Valley Rural Health Project - Richland, Yuba City, California

Another thing about the children who are dropping out of school, they're leaving them primarily because we are not taking care of them. And surely right now, there are so many cutbacks in government getting rid of teachers... They hurt the farmworker a lot because we're up and down to begin with. The children learn less because of the mobility. But with more children in the classrooms, there is less attention to our children.
Anna Solís, California

We have worked in the field... Well, I'm not very young but I've left some of my youth in the work.
Juliana del Carmen Hernandez, Nurse, La Clínica Migrant Health Center, Pasco, Washington

The thing I would most like to ask you [for] is jobs for the youth so they are not involved in drugs or they don't rob; so that they feel better about learning more for themselves.
Angie Zavala, Oregon

SELECTED RESOURCE LIST

WRITTEN MATERIALS

Johnston, Helen L. *Health for the Nation's Harvesters: A History of the Migrant Health Program in its Economic and Social Setting.* Farmington Hills, MI: National Migrant Worker Council, Inc., 1985.

National Advisory Council on Migrant Health. *1993 Recommendations of the National Advisory Council on Migrant Health.* Rockville, MD: National Advisory Council on Migrant Health, May 1993.

Rust, George S. "Health Status of Migrant Farmworkers: A Literature Review and Commentary." *American Journal of Public Health* vol. 80, no. 10: 1213-1217.

Wilk. Valerie A. *The Occupational Health of Migrant and Seasonal Farmworkers in the United States.* Second edition. Washington, DC: Farmworker Justice Fund, 1986.

FILMS AND VIDEOS

"Health for America's Harvesters: The Migrant Health Program." Produced by Alan McGill, 1990. (Contact the National Migrant Resource Program, see below.)

"Harvest of Shame." Produced by Edward R. Murrow, CBS, 1960. (Contact your public or university library.)

"Frontline: New Harvest, Old Shame." Produced by Hector Galan, PBS, 1990. (Contact your public or university library.)

ORGANIZATIONS

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